APPLICATION TO BUILD OR MODIFY A DAIRY FARM OR MILK PLANT

Date:

Name of Dairy or Milk Plant:

Address:

State and Zip Code:

Contact Person:

Phone:

Dairy Farm or Milk Plant State Permit Number:

Dairy Farm (Number of Cows):

I hereby make application for permission to build or modify a dairy farm or milk plant in accordance with Section 12. of the Rules Governing Grade A Milk Sanitation, 15A NCAC 18A. 1200 and the current revision of the PMO.

All blanks that apply to this application must be completed. This application must be accompanied by a detailed legible blueprint(s) of the dairy farm or milk plant showing the following:

1. Plans should be a minimum of 11 x 14 inches in size and the layout of the floor plan accurately drawn to a minimum scale of ¼ inch = 1 foot.

2. Location of entrance, exits, storage rooms, toilets, hose port, hand-washing facilities, etc.

3. Complete finish schedules for each room to include floors, walls, ceilings, and coved juncture bases.

4. Plumbing schedules to include location of floor drains, water supply lines for dairy barn and cattle, waste water lines, pre-cooling system and backflow, back-siphonage protection.

5. Lighting schedule with protector

6. Source of water supply and method of sewage disposal. The location of theses facilities shall be shown and evidence submitted that state and local regulations are in compliance.

7. Ventilation schedule for each room

8. Plan for milking treated cows.

OFFICIAL ACTION

1. PLAN APPROVAL

Owner or Authorized Representative _____ _____
Signature Date

Regional Milk Specialist _____ _____
Signature Date

2. FINAL APPROVAL

Regional Milk Specialist _____ _____
Signature Date

APPLICATION TO INSTALL OR MODIFY A MILKING SYSTEM

Date:_____

Name of Producer: _____

Address: _____

State and Zip Code: _____ Phone/Fax: _____

Producer's Regulatory License or Permit Number: _____

Milk Dealer or Buyer: _____

I HERBY MAKE APPLICATION FOR PERMISSION TO INSTALL OR MODIFY A MILKING SYSTEM TO BE MECHANICALLY CLEANED IN PLACE. THIS EQUIPMENT WILL CONFORM TO OR EXCEED 3-A ACCEPTED PRACTICES FOR THE DESIGN, FABRICATION AND INSTALLATION OF MILKING AND MILK HANDLING EQUIPMENT, NUMBER 606-04 OR EQUIVALENT.

I. **INSTRUCTIONS**:

A. All blanks that apply to this installation must be completed
B. This application must be accompanied by a detailed legible drawing of the milking system showing the following:

1. High Point
2. Direction of Milk Flow
3. Receiver(s) or Transfer Station
4. Air Injector(s)
5. Inspection Point(s)
6. Wash Vat(s)
7. Milk Cooling and Holding Tank(s)
8. Milk Pre-Cooler(s)

II. FABRICATION OF MILKING SYSTEM:

A. Milk Lines:
1. Material(s)_____
2. Diameter_____in.
3. Length _____ft.
4. Welded _____
5. Gasketed _____
6. Number of Slopes _____
7. Slope_____ in. per 10 ft.
8. High Line _____
9. Maximum Height from Floor _____ in.
10. Low Line _____

B. RECEIVER
1. Number of Inlets
2. Size of Milk Inlet(s)
3. Size of Vacuum Inlet _____in.
4. Sanitary Trap: Yes _____ No _____

C. Auxiliary Milking Equipment:

	Number	Brand
1. Milk Meter(s)	_____	_____
2. Milk Weighing Device(s)	_____	_____
3. Automatic Take-off	_____	_____
4. Automatic Backflush	_____	_____
5. End of Milking Indicators	_____	_____
6. Milk Filtration	_____	_____
7. Transfer Station Vacuum	_____	Electric _____
8. Other(specify)	_____	_____

D. Vacuum System:

1. Main Air Line Material _____ Diameter _____in. Length _____ft.
2. Pulsator Material _____ Diameter _____ in. Length _____ft.
3. Automatic Drains in Pulsator Lines Yes _____ No _____
4. Number of Cluster:
5. Vacuum Pump(s) Brand _____ Model(s) hp _____
6. Total Vacuum Pump Capacity _____ CFM/ASME at 15 in. Hg.
7. Vacuum Regulator Brand _____ Model _____
8. Number of Distribution Tank(s) _____
9. Other (specify) _____

E. Milk Cooling and Storage System:

1. Pre-cooler _____ Brand(s)_____Type _____ Number _____
2. \Type of Coolant(s) _____
3. Milk Holding Tank Brand _____ Model _____ Serial No. _____
   & Milk Cooling Tank Milk Capacity _____ Cooling Capacity BTU/hr._____

F. Cleaning and Sanitizing System:

NOTE: Water temperature of the wash cycle must be maintained at 120 F or higher.

1. Automatic _____ Manual _____
2. Automatic Pre-Rinse Diverter Valve _____ Yes_____ No_____
3. Wash Procedure
   - Pre-Rinse _____gallons
   - Wash Cycle _____gallons Time _____minutes
   - Acid/Post Rinse _____gallons
   - Sanitize _____gallons
4. Teatcup Jetters Yes _____ No _____

G. Water Heating Equipment

1. Type of Heater Electric _____ Gas _____ Other
2. Capacity of Heater _____gallons
3. Recover of Rate Gal/hr/100 degree Rise _____ gallons
4. Additional Water Heating

H. Manually Cleaned Components: (Circle all that apply)

Diverter Plug(s) Manual Shut-Off Valve(s) Milk Tank Outlet Valve(s)

List other components in this system: _____

I. Physical Separation of Wash System (Lines) From:

1. Milking System During Milking Yes _____ No_____
2. Milk Tank During Storage Yes _____ No _____

J. Initial Dynamic Test

Performed Yes _____ N0 _____ Date _____

A CLEANING PROGRAM INCLUDING WATER HARDNESS, DETERGENT AND SANITIZER MUST BE POSTED IN THE MILK ROOM

The posted chart shall be legible and protected to provide a degree of permanency, if procedure is changed in any way, a new program must be posted.

ANY FUTURE MODIFICATION OF THIS EQUIPMENT MUST HAVE PRIOR WRITTEN APPROVAL

Owner or Authorized Representative:_____

Installer/Dealer: _____

Address: _____

Phone Number: _____

OFFICIAL ACTION

1. **Plan Approval**

Owner or Authorized Representative _____Date:_____
Signature

Regional Milk Specialist: _____ Date: _____
Signature

2. **Installation Approval**

Regional Milk Specialist: _____ Date: _____
Signature

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